

DHEC**Registration Application:****Lead-Acid Battery Facilities**

Check One:

New_____

Renewal_____

If Renewal, Facility ID#_____

Check all that apply:

Collection Facility

Recycling Facility

Recovered Materials Processing Facility

Owner/Operator:

Name: _____

Address: _____

Telephone Number: (_____) _____ - _____

Mailing Address: _____

(If Different) _____

Location: (Attach additional sheets as necessary.)

Name: _____

Address: _____

Telephone Number: (_____) _____ - _____

Contact Name: _____

I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: _____

Date: _____

Print Name and Title: _____

Changes to any of this information requires this application to be updated. Renewal applications must be received annually prior to March 1.

Maintain a copy of this for your records. Submit the original to:

SCDHEC
Division of Mining and Solid Waste Management
ATTN: Lead-Acid Battery Facility Registration
2600 Bull Street
Columbia, SC 29201